

**Penistone
Rural District Council.**



ANNUAL REPORT
of the
Medical Officer of Health
for the Year
1948.



P E N I S T O N E

R U R A L D I S T R I C T C O U N C I L

A N N U A L R E P O R T
O F T H E
M E D I C A L O F F I C E R O F H E A L T H
F O R T H E Y E A R

1948.

PENISTONE RURAL DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1948.

COUNCILLOR. R. DYSON (Chairman)

E. ARMITAGE.

R. BEEVER.

B.B. BOOTH.

J.H. CLAY.

H.A. FISH.

H. GARNETT.

W. GREEN.

S.D. HILL.

L. LAYCOCK.

E. MARCH.

D. WHITFIELD.

F. WINTERBOTTOM . C.C.

A.S. WILES.

F. WRIGHT.

STAFF OF THE HEALTH DEPARTMENT.

MEDICAL OFFICER OF HEALTH.

J. MAIN RUSSELL, M.B., Ch.B., (Edin.), B.Hy., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH.

W. FERGUSON, M.B., Ch.B. (Glas.), D.P.H.

SANITARY INSPECTOR AND SURVEYOR.

W. HAROLD OWEN. M.S.I.A.

MEDICAL OFFICER OF HEALTH'S ANNUAL REPORT FOR 1948.

To the Chairman and Members of the Penistone Rural District Council.

Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services for the Penistone Rural District for the year ended 31st December, 1948.

The Ministry of Health have asked that the Annual Report of the Medical Officer of Health for 1948 should be prepared on the lines of that for 1947.

I wish to deal briefly in my report with those matters of Public Health within my responsibility so far as it affects your Authority. The body of the report consists chiefly of a series of tables with comments on the various figures, and these tables give a statistical picture of the health of the district for the period under review.

Besides being your Medical Officer of Health, I am the Divisional Medical Officer in a Division of which your Authority is a constituent member. The West Riding County Council is a Local Health Authority within the meaning of the National Health Service Act, 1946, and the County Medical Officer of Health has been asked by the Ministry to include in his report a review of the working of all the Local Health Services provided under part iii of the Act, since the 5th July, 1948. I feel justified, therefore, in including in this report a few facts about the working of part iii of the Act in Division 22, as I consider that these facts will be of some interest to you, and at the same time will give you an idea of the general set-up of the Divisional work.

Specific information is asked by the Ministry with regard to such things as water supply, drainage and sewerage, inspection of meats and other foods, and certain observations on the administration of the Factories Act.

During the year, certain parts of the Penistone Rural District have had an improved main supply of water, and schemes are prepared to provide public supplies in Greenmoor, Copster, and other places.

During 1948 intermittent shortages did occur from time to time, particularly at Crowedge, but generally speaking, the district has been well provided with a wholesome water supply.

The Vital Statistics convey a very favourable picture of the health of the district over the period under review. The Registrar General has been unable to provide a comparability factor which, if applied to the various rates obtaining in your district, would produce a figure which would permit of comparisons with other districts. As result of the non-provision of a comparability factor, we must judge the rates as they are set forth in the tables. The Birth Rate has increased, and the Crude Death Rate has decreased. The Still-Birth Rate has gone down, and the Infantile Mortality Rate has increased slightly. In the Penistone Rural District we deal with so few numbers that one hesitates to emphasise the results of the reading of these figures. For instance, it would appear that the increased Infantile Mortality Rate, indicates some deterioration in the health of the district. After all, there were only three deaths, deplorable as it may be, and one more than last year has thus made a marked difference in the rate. A great campaign has been waging for some years now to reduce the toll of infant deaths, and we are winning in the battle. This year, for the first time, the Infantile Mortality Rate for the Country generally has fallen below 40, and this improvement in Infantile Mortality in this Country in recent years compares favourably with the experience of other Countries, although some still have lower rates. The provisional rate in Sweden in 1947 was 25. I do feel that the Preventive Medical Services, the Ante-Natal care of Mothers, provisions for the care and welfare of Premature Babies and other factors will ultimately reduce the Infantile Mortality Rate to a minimum.

In conclusion, I should like to put on record my grateful thanks for the very valuable help received from my Deputy, Dr. W. Ferguson, who towards the end of the year received a Senior Appointment in the North Riding of Yorkshire, and who will be leaving early in 1949.

I also wish to take this opportunity of placing on record my sincerest thanks for the kindness received by me from the Chairman and members of the Health Committee, for the kindly help and advice received from the Clerk and other officials, and in particular for the loyalty and devotion to duty shown by my Sanitary Inspector, Mr. W.H. Owen.

I am,

Your obedient Servant,

J. Main Russell,

Medical Officer of Health.

DISTRICT STATISTICS IN BRIEF.

The Penistone Rural District covers an area of 29,003 acres. The district is divided into ten parishes. The approximate acreage and the number of houses in each parish is as follows:-

<u>Parish.</u>	<u>Acreage.</u>	<u>Number of houses.</u>
Cawthorne.	3709	303
Dunford.	8953	251
Gunthwaite and Ingbirchworth.	2057	105
High Hoyland.	851	38
Hunshelf.	1816	94
Langsett.	4914	88
Oxspring.	1202	194
Silkstone.	1559	437
Stainborough.	1720	122
Thurgoland.	<u>2222</u>	<u>477</u>
	<u>29003</u>	<u>2,109</u>

The Rateable Value of the district is £38,435, while the product of a penny rate is £140, as at December, 1948.

VITAL STATISTICS.

POPULATION:

The Registrar General has given his estimation of the population at mid-1947 as 6,936. This is an increase of 142 compared with the 1947 figure.

BIRTHS:

There were 128 live births registered in the district during 1948. Of these 72 were males and 56 females. This number is 5 more than that for 1947. There were 2 illegitimate births, 1 male and 1 female.

STILLBIRTHS.

During the period under review, there were 6 still-births, 2 males and 4 females. There were no illegitimate still-births.

DEATHS:

73 deaths, 48 males and 25 females were attributed to the district during 1948. This is a decrease of 9 compared with 1947,

I set out below tables of Live Birth Rates, Still Birth Rates and Crude Death Rates, with those rates for other parts of the country. By glancing at these tables it can be seen how the district compares with the Country generally.

RATES PER 1.000 CIVILIAN POPULATION.

England and Wales.	126 County Boroughs & Great Towns including London.	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census).	London Administrative County.	Penistone H.D.
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LIVE BIRTHS.

1948	17.9	20.0	19.2	20.1	18.5
1947	20.5	23.3	22.2	22.7	18.1
1946	19.1	22.2	21.3	21.5	16.7

STILL BIRTHS.

1948	0.42	0.52	0.43	0.39	0.86
1947	0.50	0.62	0.54	0.49	1.03
1946	0.53	0.67	0.59	0.54	X

DEATHS (CRUDE DEATH RATE)

1948	10.8	11.6	10.7	11.6	10.50
1947	12.0	13.0	11.9	12.8	12.07
1946	11.5	12.7	11.7	12.7	10.31

X Figures not available.

PRINCIPAL CAUSES OF DEATH.

INFECTIVE DISEASES.

Respiratory Tuberculosis. 1.

Other Forms of Tuberculosis. 1.

CANCER of Buccal Cavity and Oesophagus. 2.

Stomach and/or Duodenum. 1.

Breast. 1.

Other Sites. 5.

CIRCULATORY SYSTEM.

Intra-cranial vascular Lesions.	8.
Heart Diseases.	24.
Other Circulatory Diseases.	1.

RESPIRATORY SYSTEM.

Bronchitis.	5.
Pneumonia.	2.
Other Respiratory Diseases.	3.

DIGESTIVE SYSTEM.

Digestive Diseases.	1.
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GENITO URINARY SYSTEM.

Nephritis.	1.
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INFANTS.

Prematurity.	1.
Congenital Malformation.	2.

VIOLENCE.

Road Traffic Accident.	1.
Suicide.	3.

ILL DEFINED CAUSES.

10.

AGE DISTRIBUTION OF DEATHS.

<u>AGE GROUP.</u>	<u>1948.</u>
Under 1 year	3
1 to 2 years	-
2 to 5 years	1
5 to 15 years	2
15 to 25 years	1
25 to 45 years	8
45 to 65 years	12
65 years and over .	46
	—
TOTAL	<u>73</u>

INFANTILE MORTALITY:

There were 3 Infantile Deaths during 1948 (1 male and 2 females), equivalent to a rate of 23 per 1,000 Live Births.

MATERNAL MORTALITY:

There were no maternal deaths during 1948.

EPIDEMIC DISEASES:-

There were no deaths in the Epidemic Diseases (other than Tuberculosis) Group during 1948.

INQUESTS:

Inquests were held on 7 occasions, and in 4 cases the cause of death was certified by the Coroner after Post Mortem examination without Inquest.

NATIONAL ASSISTANCE ACT, 1948.

No action was taken under Section 47 of the National Assistance Act, 1948. This relates to the removal of persons who are in need of care and attention.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASES.

Infectious Diseases other than Tuberculosis:

During the year, a total of 179 cases of Infectious Disease were notified. The various notifications were as shown below:-

	1947	1948
Scarlet Fever	10	8
Diphtheria	-	-
Measles	71	121
Whooping Cough	11	45
Pneumonia (notifiable)	2	2
Acute Anterior Poliomyelitis	1	2
Erysipelas	4	1
Cerebro-Spinal Meningitis	1	0

Attack Rate of Commoner Infectious Diseases.

Disease.	England and Wales.		148 Smaller Towns.		Penistone R.D.	
	1947	1948.	1947	1948	1947	1948
Scarlet Fever	1.37	1.73	1.37	1.82	1.47	1.16
Diphtheria	0.13	1.08	0.14	0.09	0.00	0.00
Typhoid Fever	0.01	0.01	0.00	0.01	0.00	0.00
Para-Typhoid Fever	0.01	0.01	0.01	0.01	0.00	0.00
Pneumonia	0.79	0.73	0.68	0.60	0.29	0.29
Cerebro-Spinal Meningitis	0.05	0.03	0.05	0.02	0.14	0.00
Measles	9.41	9.34	9.58	8.84	10.45	17.44
Whooping Cough	2.22	3.42	2.02	3.31	2.05	6.48
Erysipelas	0.19	0.21	0.18	0.21	0.59	0.14

SCARLET FEVER. During the year, 8 cases of Scarlet Fever were notified, a decrease of 2 as compared with 1947. The disease was mild in character, and the distribution of the cases was fairly general throughout the area.

DIPHTHERIA. There were no cases of Diphtheria during 1948. One case was notified, but on investigation in Hospital, it was proved to be negative, the child suffering from Tonsillitis. It is a very happy state of affairs when we have consistently nil returns of Diphtheria. There is no doubt that Diphtheria Immunisation is really cutting down the incidence of the disease. In 1940, in England and Wales, there were 2,480 deaths from 46,281 notified cases of Diphtheria. In 1948 there were 150 deaths from 8,034 cases. The latter figures are provisional at the moment.

In England and Wales, the 1948 figures were the lowest ever recorded, an average of 47,000 less than the average obtaining in the 10 year period from 1931 to 1940.

The National Health Service Act, 1946, places the responsibility for providing Diphtheria Immunisation upon the County Council, as the Local Health Authority. So far as Penistone Rural District is concerned, the County Council as the Welfare Authority has always been responsible for Diphtheria Immunisation, and the coming into being of the National Health Service Act made no difference in practice to the scheme. Every possible avenue of propaganda to stimulate an interest in Immunisation is being pursued with vigour, and I think the results are satisfactory.

There is no doubt that today the general public are becoming "Immunisation conscious". Mothers are now asking for this protective measure for their children as a normal routine of the child's welfare during the first year of its life. In Penistone Rural District during 1948, 50 children under the age of 5 years, and 7 children between the ages of 5 and 14 years were immunised for the first time. During the same period, 7 children received a reinforcing dose of the Antigen.

MEASLES. During the year there were 121 cases of Measles notified, an increase of 50 compared with 1947. The Measles epidemic seems to have kept going throughout the Country for nearly two years. Successive crops of susceptible cases have appeared from time to time in the various districts, and they have fallen victim to the infection received from positive cases who were possibly just clearing up from the infection. The cases in the Penistone Rural District during the year occurred as follows:-

1	-	during the 1st quarter.
7	-	" " 2nd "
31	-	" " 3rd "
82	-	" " 4th "

To begin with there were a few scattered cases in Silkstone and Cawthorne, followed by a full flare epidemic in Thurgoland, and spreading towards Oxspring. At the same time towards late Summer, Langsett and Hazelhead had some cases. The type of Measles was moderately severe, but there were no deaths and no serious morbidity was reported.

WHOOPING COUGH. During the year 45 cases of Whooping Cough were notified compared with 11 in 1947. The incidence of Whooping Cough ran directly opposite to the Measles, in that during the first quarter of the year we had the highest incidence. The cases occurred as follows:-

30	-	during the 1st quarter.
10	-	" " 2nd "
4	-	" " 3rd "
1	-	" " 4th "

The parts of the district affected were Hoylandswaine and Thurgoland in the early part of the year, Thurgoland and Cawthorne in the second quarter. The epidemic died off without spreading to any other part of the district.

ACUTE ANTERIOR POLIOMYELITIS. There were two cases of Acute

Anterior Poliomyelitis notified during the year, one a boy aged 12 years from Hade Edge, who was admitted to Lodge Moor Isolation Hospital on 20/1/48. The child was discharged on 5/2/48 as not being a case of Poliomyelitis. The second case was the case of an adult from Silkstone, notified towards the end of the year, who was judged to have suffered from Poliomyelitis when he reported to his Doctor, and was receiving treatment for some degree of paralysis of the shoulder. The latter case is still receiving treatment and making a good recovery.

TUBERCULOSIS. During the year 7 new cases were notified, 6 Pulmonary, 1 Non-Pulmonary. The table as under gives the age and sex distribution.

AGE GROUP.	<u>Pulmonary.</u>		<u>Non-Pulmonary.</u>	
	M.	F.	M.	F.
0 - 1 yr.	-	-	-	-
1 - 5 yrs.	-	-	-	-
5 - 15 yrs.	1	-	-	-
15 - 25 yrs.	1	-	-	1
25 - 35 yrs.	1	2	-	-
35 - 45 yrs.	1	-	-	-
45 - 65 yrs.	-	-	-	-
65 yrs and over.	-	-	-	-

A Tuberculosis Clinic is held in the Wesleyan Sunday School, Penistone, on the 1st and 3rd Thursdays of each month. After the 5th July the Tuberculosis Service came under the administration of the Regional Hospital Board, as part of the Specialist Services as defined in Section ii of the National Health Service Act, 1946. The Dispensary continued to be used by that Service as a Tuberculosis Centre.

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the Milk Trade) or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to Hospital of persons suffering from Tuberculosis).

INFESTATIONS. During the year 1 case of Scabies was brought to my notice, in Cawthorne. Treatment was carried out at Barnsley, the cost being borne by the West Riding County Council.

As I consider that a case of Scabies in a family usually means some other infested person, I had the whole family treated in this instance. Complete disinfection was carried out, including clothing.

GENERAL PROVISIONS OF HEALTH SERVICES.

HOSPITALS. Cases of Infectious Diseases, other than Smallpox, were treated at the Penistone Joint Isolation Hospital. The Penistone Joint Hospital Board also made provision for the treatment of cases of Smallpox. At the same time there was an arrangement between your Authority and the Sheffield City Authorities for the admission to Lodge Moor of any cases of Infectious Disease which the Medical Officer of Health thought should be sent to that Hospital.

On the 5th July, of course, Hospitals were taken over by the Regional Hospital Board, and from that date no further cases were admitted to Penistone Isolation Hospital. From then onwards cases of Infectious Disease requiring Hospitalisation were taken to Barnsley. The Isolation Hospital at Penistone was utilised by the Hospital Management Committee concerned for some other purpose.

Maternity. Arrangements were made by the West Riding County Council for cases requiring admission to Hospital to be admitted to the Princess Royal Maternity Home, Huddersfield, the St. Helen Hospital, Barnsley, and any County Maternity Home (e.g. Hallamshire) and Hospitals. After the 5th July, when these Hospitals were taken over by the Regional Hospital Board, arrangements for the admission of cases still proceeded on the same lines as before that date, and until the end of the year, the Medical Officer of Health was still being consulted with regard to the degree of priority for applications for admission.

LABORATORY FACILITIES. All the necessary facilities for bacteriological laboratory work are available at the Wakefield Laboratory of the Medical Research Council.

AMBULANCE FACILITIES. For cases of Infectious Disease the Ambulance of the Penistone Joint Hospital Board was used up to the 5th July. On and after that date, of course, the Ambulance Service became part of the administration of the Local Health Authority, and the County Ambulance Service took over the services generally.

For general use an Ambulance was provided by public subscription and administered by a local Committee comprising members of your Authority, the Penistone Urban Authority and local organisations. This service was taken over by the County Council and now, of course, is part of the General Ambulance Service provided by the Local Health Authority. The district is served by Ambulances stationed at the undermentioned places:

Penistone.

Barnsley.

Hoyland.

It must be borne in mind that since the Ambulance Service has been taken over by the Local Health Authority, there has been an increased demand on the service which increased demand has been out of all proportion to the number and efficiency of the vehicles concerned to undertake the service. Rapid strides are being made by the Local Health Authority to get the Ambulance Service on to a firm footing. New vehicles have been ordered, and the service put under the administrative control of the County Ambulance Officer, and it is hoped that in the near future the service will reach a high standard of efficiency.

CLINICS. An Infant Welfare Centre is established at Cawthorne, and use is also made of the one at Penistone.

There are no Ante-Natal Clinics in the area. Until the 5th July Ante-Natal supervision was usually provided by General Practitioners under the scheme of the West Riding County Council, whereby that authority undertook to pay any fees incurred in accordance with prescribed scales. After the 5th July Ante-Natal services were provided by the General Practitioners according to the terms of agreement with Executive Councils.

VENEREAL DISEASES. Treatment is available at centres in Barnsley, Huddersfield and Sheffield, particulars of which are given below:-

Days and Hours of Attendance.

<u>Address.</u>	<u>Men.</u>	<u>Women.</u>
Barnsley (Queens Road).	Mon., 6 - 8 p.m. Thurs. 6 - 8.30 p.m.	Mon., 2.30 - 4.30 p.m. Thurs. 2.30 - 6. 0 p.m.
Sheffield (Jessop Hospital for Women)	- -	Tues. 4. 0 - 6. 0 p.m. Thurs. 4. 0 - 6. 0 p.m. Sat., 11. a.m. - 12.30 p.m.
Royal Hospital.	Tues. 6. 0 p.m. Thurs. 6. 0 p.m.	Thurs., 11. 0 a.m. Fri. 6. 0 p.m.
Royal Infirmary.	Tues. 5 - 7 p.m. Wed., 5 - 8 p.m. Fri., 6 - 8 p.m.	Tues., 2. 0 - 4. 0 p.m.
Huddersfield (York Place, New North Road).	Mon.) Tues.) Thurs.) 6 - 8 p.m. Fri.)	Mon.) Tues.) Thurs.) 6 - 8 p.m. Fri.)
	Wed. 10 - 12 noon.	Wed. 10 - 12 noon.

MORTUARY. The public Mortuary at Penistone serves the Parishes adjacent to the centre, whilst other Parishes use the Mortuary at Dodworth.

SANITARY CIRCUMSTANCES

(Prepared by Mr. Owen)

Water Supplies.

There are 2,109 houses in the District, of these 1,774 have public supplies from the following undertakings:-

Cannon Hall Estate.
Barnsley Corporation.
Denby Dale Urban District Council.
Holmfirth Urban District Council.
Sheffield Corporation,
Penistone Urban District Council.
Penistone Rural District Council.

Houses on Mains Supply.

All the houses on the mains supply have water laid to the sinks.

Sources of Water Supplies.

The supplies from the Barnsley Corporation, Sheffield Corporation and Denby Dale Urban District Council are from upland surfaces, impounded, filtered and chlorinated and are soft waters. The supply from the Cannon Hall Estate is from a deep bore hole, well, and underground catchment, being hard water. The supply from Holmfirth Urban District Council is from surface springs and upland surfaces, being soft water. The supply from the Penistone Urban District Council is from four deep boreholes, being hard water.

Distribution.

- Parish of Cawthorne: Distribution in part, privately, by the Cannon Hall Estate, remaining distribution by the Rural District Council, water obtained in bulk from the Barnsley Corporation, Cannon Hall Estate and Darton Urban District Council, take off from their bulk supply from Penistone Urban District Council.
- Parish of Dunford: The District Council distributes the public supply at Dunford Bridge from a source vested in them. The District Council having purchased the supply at Townhead from Penistone Urban District Council now distribute to the village. The District Council distributes a public supply purchased in bulk from the Urban District Council at Hazlehead, Crowedge, and other small isolated hamlets in the Parish.
- Parish of Gunthwaite and Ingbirchworth: The District Council distribute the public supply purchased in bulk from the Barnsley Corporation to the built-up area at Ingbirchworth. This Parish is in the Barnsley Corporation's statutory area of supply.
- Parish of Hunshelf: Supplies distributed to part of the built-up area of the Parish from own source at Blackmoor Common. Hunshelf is in the Barnsley Corporation's statutory area of supply.

Parish of High Hoyland:	Supplies distributed by the Rural District Council and purchased in bulk from the Denby Dale Urban District Council.
Parish of Langsett:	Supplies distributed in the built-up area by Sheffield Corporation.
Parish of Oxspring:	Supplies distributed by the District Council and purchased in bulk from the Penistone Urban District Council.
Parish of Stainborough:	Supplies distributed by the District Council, purchased in bulk from Barnsley Corporation. This Parish is in the Barnsley Corporation's statutory area of supply.
Parish of Silkstone:	Supplies distributed by the Barnsley Corporation being their statutory area.
Parish of Thurgoland:	Supplies distributed by the District Council to the built-up area of the Parish from own sources. The remaining 335 isolated cottages and farms obtain their water from wells and springs.

Extension of Supplies.

Several cottages were connected to a public supply at Hazlehead. High level points in Cawthorne village have been connected with Barnsley Corporation supply.

Proposed Extensions.

A scheme is being prepared to provide a public supply to the unsupplied area of Greenmoor and isolated farms and cottages. A scheme is being prepared to provide a public supply to the hamlet of Copster. A scheme is being prepared to afford a constant supply to Crowedge. A scheme is being prepared to link up the supply at Ratten Row, Stainborough, with Cranemoor. A scheme is to be prepared to supply cottages and farms at Underbank and Sheephouse with a public supply.

Samples.

During the year five samples of water were submitted for a report, four were found satisfactory and one unsatisfactory.

Complaints as to Shortage.

Apart from complaints of an intermittant supply at Crowedge, the whole of the built-up area in the District has been well provided for.

Complaints as to Quality.

Apart from complaints received from the Cannon Hall Estate Pashley Green supply at Cawthorne, no other parts of the area have been given cause to complain. Proposals are under consideration to improve the supply to the consumers aggrieved.

Sewerage and Sewage Disposal.

Sewerage.

Of the 2,109 houses in the District 1,368 are connected to public or private sewers. The sewage from the remaining 741 houses being disposed of by private arrangement, such as Cess Pits, Septic Tank with Filters and land irrigation. The largest group of houses not connected to sewers are at Dunford Bridge 15, Carlecotes 23, Crowedge 43, Ingbirchworth 15, High Hoyland 21, Oxspring 15, Thurgoland 20, and Greenmoor 18. Schemes are in preparation for providing sewers at Dunford Bridge, Ingbirchworth, High Hoyland and Cranemoor.

Sewage Disposal.

- Parish of Cawthorne: The sewage from the built-up area of Cawthorne is dealt with at Dark Lane Sewage Disposal Works, where a modern system of plant exists and at Clay Hall. A scheme is in preparation to transfer the major volume of sewage from Clay Hall to Dark Lane Works.
- Parish of Dunford: No works exist in the built-up areas of Dunford Bridge, Carlecotes and Crowedge, but schemes are to be prepared for plant at Dunford Bridge forthwith.
- Parish of Gunthwaite and Ingbirchworth: No plant exists for the sewage of the built-up area of Ingbirchworth. A scheme is in preparation to deal with the matter.
- Parish of Hunshelf: No works exist for the built-up area of the Parish of Greenmoor. A scheme will be prepared to deal with the sewage as soon as present restrictions are removed.
- Parish of High Hoyland: No works exist for the built-up area of the Parish. A scheme is being prepared for the provision of plant for dealing with the sewage.
- Parish of Langsett: The built-up area of Langsett is dealt with by plant in the Sheffield Corporation's Waterworks enclosure.
- Parish of Oxspring: The built-up area of the Parish is dealt with at the sewage works adjacent to Bower Hill Bridge, which is considered overloaded in the absence of a second filter bed.
- Parish of Stainborough: The built-up area of the Parish at Hood Green is dealt with by disposal plant on the North side thereof, plant considered obsolete. Settling Tanks and Filter Beds are to be provided. The hamlet at Ratten Row has Settling Tank and irrigating area.

Parish of Silkstone: The built-up area of Silkstone is dealt with at Works situated on the East side of the Old Wagon Road, Silkstone. The built-up area of Silkstone Common, being dealt with at modern plant near Throstle Nest Farm, Silkstone Common.

Parish of Thurgoland: The sewage from the Parish of Thurgoland includes the village and houses on the South side thereof is dealt with at the works adjacent to Sharp Forge Bridge. The sewerage from the Nook, Cranemoor (part of the Parish) to obsolete plant North of the built-up area. The sewage from the built-up area of Cranemoor is dealt with at obsolete plant sited near Cliffe Bridge. A scheme is in preparation for eliminating the plant at Cranemoor Nook and transferring the sewage to Cliffe Bridge and to provide modern plant there.

Conversion of Privies and Pan Closets to Water Carriage System.

Ten privies were re-constructed as water closets.

Additional Closets.

Twelve closets were provided for old property as water closets. 120 closets constructed to new houses.

Ashpits and Regulation Bins.

93 Regulation bins were provided to old property in substitution for the ashpit. 52 Sanitary bins were supplied to the Council's new houses. 2 Sanitary bins were provided to 2 privately built new houses.

The table as follows summarises the position as to water closets, pan closets, privies, ash pits, bins and middens, 1948.

<u>Parish</u>	<u>Houses</u>	<u>Water Closets</u>	<u>Privies</u>	<u>Pan Closets</u>	<u>Ash Bins</u>	<u>Ash Pits</u>	<u>Open Middens</u>
Cawthorne	303	274	70	12	186	36	
Dunford	251	90	61	40	77	32	
Gunthwaite and Ingbirchworth	105	42	73	3	48	73	
Hunshelf	94	15	86	3	10	66	
High Hoyland	38	14	24	1	8	31	
Langsett	88	10	45	36	15	6	
Oxspring	194	168	37	3	159	11	
Stainborough	437	87	69	1	72	80	
Silkstone	122	377	47	6	321	43	
Thurgoland	477	232	251	5	208	199	
Total:	2109	1309	763	110	1104	577	50

Refuse Collection and Disposal.

The whole of the Rural District is publicly scavenged, except in several isolated cases to farms and cottages. Two refuse collection vehicles have been engaged in this operation both vehicles vested in the Council.

Details of Vehicles owned by Council.

<u>Make</u>	<u>Capacity</u>	<u>Date of Manufacture.</u>
Karrier Bantam	2 Tons 7 c.yds	1947
Karrier C.J.C.Type	3-4 Tons 10 c yds.	1948

Total staff employed two drivers and four loaders.

Disposal of Refuse.

Refuse was entirely disposed by tipping (uncontrolled) at the following sites:-

<u>Parish</u>	<u>Site</u>
Cawthorne	Darton Road.
Dunford	Quarry area, Carlecotes.
Gunthwaite & Ingbirchworth	Carr Lane Quarry
Hunshelf	Quarry adjacent to Well Hill, Greenmoor.
High Hoyland	As Cawthorne
Oxspring	Quarry area, Copster.
Stainborough	Strafford Colliery.
Silkstone	Adj
Thurgoland	Quarry area Copster and as Hunshelf.

Costs of collection amounted to £2,000.

General:

Few complaints have been received during the year, implying that the service has operated satisfactorily. Owners are encouraged to provide dust bins to facilitate removal.

Salvage of Waste.

The collection of waste material continues, but the results fall far short of a tonnage which might result if more householders were salvage minded.

The table below compares the salvage effort of 1948 with that of 1947:-

<u>1948</u>			<u>1947</u>		
<u>Class</u>	<u>Weight</u>	<u>Value</u>	<u>Class</u>	<u>Weight</u>	<u>Value</u>
	t. c. q.	£. s. d.		t. c. q.	£. s. d.
Paper	8	32.	Paper	8	32. 9.
Scrap	1. 7.	3. 4. 10.	Scrap	3. 1. 1.	2. 4. 3.
Rags	3. 2.	1. 18. 6.	Rags	7.	3. 17.
Total:	9.10. 2.	£37. 3. 4.		11. 8. 1.	£ 48. 0. 3.

SANITARY INSPECTIONS.

Nuisances.

During the year 50 visits were made for the detection and abatement of nuisances:-

Nuisances found in 1948	36
" in hand 1947	<u>14</u>
Total needing abatement	<u>50</u>
Nuisances abated during 1948	22
" outstanding at end of 1948	<u>28</u>

Classification of Nuisances Found.

Obstructions to sewers	3
Defective Sewers	1
Privy	1
Privies structurally defective	5
Defective sink waste pipes	6
General dampness	1
Obstructions to drains	11
Overflowing Cess Pits	2
Defective wash basin	1
Defective fall pipes and eaves	4
Accumulations	<u>1</u>
	<u>36</u>

HOUSING.

During the year Council houses have been erected and occupied in the following Parishes:-

Cawthorne	2	Swedish Houses.
Dunford (Dunford Bridge)	6	Airey Rural
" (Crowedge)	8	" "
Gunthwaite & Ingbirchworth	2	Swedish Semi-bungalows
	2	Traditional
	8	Airey Rural
Silkstone (Silkstone Common)	2	Swedish Houses
Stainborough	10	Airey Rural
Thurgoland (Cranemoor)	12	" "
"	<u>6</u>	" "
Total:	<u>58</u>	

New Dwellings by Private Enterprise.

<u>Parish</u>	<u>Type</u>	<u>No.</u>
Cawthorne	Detached Bungalows	2
Thurgoland	Attached Bungalows	1
Silkstone (Silkstone Common)	Detached house	<u>1</u>
		<u>4</u>

Verminous Houses.

During the year no infestations have been notified as requiring attention.

Inspection and Supervision of Food.

Milk.

During the year 41 inspections were made to the 249 cowsheds and dairies in the Rural District. Conditions of cleanliness were below a standard required, a contributory factor to this being due to the low rainfall which reduced springs to the minimum yield, hence swilling was minimised.

Number of Cowkeepers in the District	249
" " " registered	127
" " Cowsheds	350
" " Milk Cows	1353
" " Wholesale Traders registered	80
" " Retail Milk Sellers registered	47

Seven licences for the production of Tuberculin Tested Milk and ten for accredited milk are in force, and which are issued by the County Council under the provisions of the Milk(Special Designations) Orders 1936 and 1948.

Two supplementary licences have been issued for the sale and distribution of bottled Tuberculin tested and pasteurised milk.

Ice Cream.

One establishment is registered for the manufacture of ice cream, by retail on own premises (wet mix method). Ten visits were made to the premises, conditions being satisfactory.

Meat and Other Foods.

The registered (1) and licensed (8) slaughter houses in the district are now occasionally used for the slaughter of pigs for feeders own consumption. No cases have come to my notice of food unfit for consumption.

Rats and Mice Destruction Act 1919 - Infestation Order, 1943.

No complaints have been received from householders as to the rat nuisance. Sewers have been baited at specific points and takes have resulted. It is proposed to do a 10% test on all sewers in 1949.

Moveable Dwellings.

The number of moveable dwellings in the District is now 12. 75% of these are weekend and summer residences.

Shops Act 1912-1938.

There are 34 shops on the register and save in two cases where sanitary accommodation falls short of the Statutory requirement conditions were found satisfactory.

Building Bye Laws.

During the year 32 plans were submitted, 28 were approved, 3 rejected and 1 deferred.

Houses (site only)	3
Houses	7
Garages	5
Boiler Room	1
Works	2
Canteens	3
Telephone Repeater Station (site)	1
Conversion of Castle to School	1
Petrol Pumps	2
Conveniences (Camp)	1
Refuse Dump	1
Bus Shelter	1
Fried Fish Shop	2
Cemetery (site)	1
Display Signs	1

GENERAL PUBLIC HEALTH.

SUMMARY OF VITAL STATISTICS - 1948; PUBLIC HEALTH DIVISION 22.

The County Districts forming Division 22 are as follows:-

Hoyland Urban.	Penistone Rural.
Penistone Urban.	Wortley Rural.
Stocksbridge Urban.	

Area of Division	...	...	...	...	...	89,923 acres.
Estimated Population (Mid.Year 1948)	...	...	...	...	...	78,570.
Birth Rate (per 1,000 estimated population)	...	...	...	...	...	18.4
Death Rates (all per 1,000 estimated population).						
All Causes	...	...	...	...	...	8.8.
Cancer	...	...	...	...	...	1.22.
Heart and Circulatory Diseases	...	...	...	...	...	3.11.
Zymotic Diseases	...	...	...	...	...	0.14.
Respiratory Diseases	...	...	...	...	...	0.88.
Respiratory T.B.	...	...	...	...	...	0.25.
Other Forms of Tuberculosis	...	...	...	...	...	0.04.
Infantile Mortality	...	...	...	...	...	26.
Diarrhoea - Deaths in infants under 2 years of age.	...	...	...	...	...	4.16.
Maternal Mortality	...	...	...	...	...	NIL.

B I R T H S.

The number of Live Births registered in the Divisional Area during 1948 was 1,442 (males 750, females 692). This was equal to a rate of 18.4 per thousand of the estimated population.

During the year 33 Still Births were registered. Illegitimate births totalled 39; 24 males and 15 females.

D E A T H S.

The deaths in 1948 numbered 690 (390 males, 300 females), the Death Rate from all causes being 8.8. Unfortunately an Areal Comparability Factor is not available and, therefore, it is not possible to give adjusted Death Rates. It will be appreciated, however, that the age and sex constitution of the population is not the same in different districts, and this affects the level of the Crude Death Rate. An adjusted Death Rate takes into account the variation in age and sex distribution, and is a more reliable index for comparison of different districts.

URBAN AND RURAL STATISTICS FOR 1948.

These are set out below for the aggregate districts, and a comparison is afforded with the figures for England and Wales.

	Live Birth Rate.	Death Rate.	Annual Rates per 1,000 of the Estimated Population.						Diarrhoea (Deaths under 2 per 1,000 live births).
			Zymotic Death Rate.	Respiratory Diseases Death Rate.	Heart and Circulatory Diseases.	Cancer.	Tuberculosis Death Rate.	Infant Mortality.	
Division 22.	18.4	8.8	0.14	0.88	3.11	1.22	0.29	26	4.16
U.D.'s in West Riding.	18.3	11.8	0.12	1.34	3.98	1.83	0.44	38	4.17
R.D.'s in West Riding.	19.2	9.8	0.12	0.15	3.03	1.49	0.43	40	4.97
West Riding Administrative County.	18.5	11.3	0.12	1.29	3.73	1.74	0.44	39	4.38
England and Wales.	17.9	10.8	×	×	×	1.86	0.51	34	3.3

× Figures not yet available.

INFANT MORTALITY.

In 1948, the deaths of infants under one year of age numbered 37, representing a rate of 26 per thousand Live Births.

The majority of the deaths of infants were from the group of causes which includes congenital debility, premature birth and injury at birth, and of these deaths most occurred in the first four weeks of life.

The general rate for Division 22 compares very favourably with that for the rest of the County.

CARE OF MOTHERS AND YOUNG CHILDREN.

Estimated Population 1948	...	...	...	...	78,570.
Number of Live Births	...	...	...	...	1,442.
Number of Illegitimate Births	...	...	...	...	39.
Number of Still Births	...	...	...	...	33.
Estimated Child Population (0 - 4) (Supplied by Registrar General)					7,839.
" " " (5 - 14)	"	"	"	"	11,197.

Below I give some statistics concerning the Child Welfare Centres and /or Ante-Natal Clinics which are established in the Division. The area is very well covered for these services, there being 14 Child Welfare Centres and 9 Ante-Natal Clinics. In a number of areas where no Ante-Natal Clinic is established, there is an arrangement whereby expectant Mothers may receive Ante-Natal supervision and examination at the Child Welfare Centre. This applies in such places as Grenoside, Loxley, Oughtibridge, Stannington, Worrall and Cawthorne.

I need not emphasise the value of the "Clinic" in the everyday life of the young Mother and her baby. The Clinic has come to be recognised as a very important appointment during each week. At the Clinic the young Mother meets others, where they discuss the various idiosyncrasies of the respective children, and where they talk welfare amongst themselves in their own way. They are able to get advice from a Doctor if it is required in the interests of the child or the Mother, and they are able to see the Nurse and discuss important domestic matters with her. In all this is a complete Welfare Service. Of course the Mothers, when they visit the Welfare, make it a social event, and one does not blame them. Anything which encourages the young Mother to attend the Clinic is important in this service. The Health Visitor, as she goes round the homes and sees the Mother and the baby in the home surroundings, advises the Mother to bring the baby to the Clinic, and it is very comforting to the young Mother to find, on going to the Clinic, that she is welcomed there by the same Nurse who visited her in her home. There is at once a feeling of confidence on the Mother's part. This is one of my main reasons for having the Health Visitor in the Clinic. There are some who say that a Health Visitor should spend her time practically exclusively visiting homes of the people, and not spending so much time in Clinics. The Health Visitor who visits the home ought to be one of the staff of the Clinic. In Division 22 we find that the Clinic is a very popular event in the day's life of the Mothers, and the attendances are extremely good.

Not all the premises in which the Clinics are held can be stated to be ideal by any means, but they are the best we can have at the moment, and it is amazing how much good work is done in those Clinics.

CHILD WELFARE CENTRES & ANTE-NATAL CLINICS.

	URBAN DISTRICTS.			RURAL DISTRICTS.	
	Hoyland	Penistone	Stocks-bridge.	Penistone	Wortley
Number of Infant Welfare sessions held each week.	2	1	1	1	6
Number of Infant Welfare sessions held each fortnight.	-	-	-	-	3
Number of Ante-Natal sessions held each week.	2	-	-	-	2
Number of Ante-Natal sessions held each fortnight.	-	1	1	-	2

CHILD WELFARE CENTRES.

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Total number of attendances during the year.	
		Number who attended for first time during this year.	Children up to 5-years.
CHAPELTOWN. Miners Welfare Pavilion. Dr. A. Anderson and Miss. E. Gerrard.	Wednesday afternoon	131	2928.
ECCLESFIELD. Gatty Memorial Hall. Dr. A. Anderson and Miss B. S. Ward.	Monday afternoon.	387	3240.
GRENOSIDE. Scout Hut. Dr. E. G. Wilson and Miss B. S. Ward.	Tuesday afternoon.	81	2092.
HIGH GREEN. Methodist Sunday School. Wortley Road. Dr. W. Ferguson and Miss E. Gerrard.	Tuesday afternoon.	91	2161.
LOXLEY. Congregational Chapel. Dr. S. Lindsay and Miss E. M. Homeyer.	Alternate Tuesday afternoons.	80	682.
OUGHTIBRIDGE. Church Hall. Dr. W. Ferguson and Miss D. Sill.	Thursday afternoon.	153	1566.
STANNINGTON. Methodist Sunday School. Dr. S. Lindsay and Miss E. M. Homeyer.	Wednesday afternoon.	169	2217.
WORRALL. Memorial Hall. Dr. S. Lindsay and Miss E. M. Homeyer.	Alternate Tuesday afternoons.	73	811.
TANKERSLEY. Scout Hall. Dr. E. Allott and Miss D. Rimmer.	Alternate Monday afternoons.	9	324.
HOYLAND. Miners Welfare Institute. Dr. J. Allott and Miss M. F. Senior.	Tuesday afternoon.	139	2946.

CHILD WELFARE CENTRES.

Name and Address of Centre. Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Total number of attendances during the year.	
		Number who attended for first time during this year.	Children up to 5-years.
HOYLAND COMMON. Christ Church, Hoyland Rd. Dr.M. Allott and Miss D. Rimmer.	Thursday afternoon.	112	3208.
PENISTONE. Methodist Chapel, Shrewsbury Road. Dr. M.V. Wilby and Miss W. Morris.	Monday afternoon.	700	1782.
CAWTHORNE. Golf Club (Weighing Centre only). Miss B.E. Haigh.	Wednesday afternoon.	141	1014.
STOCKSBRIDGE. British Hall. Dr. D. Patterson and Miss W. Morris.	Tuesday afternoon.	376	2142.

ANTE-NATAL & OTHER CLINICS.

Name & Address of Clinic. Name of Doctor and Nurse in attendance.	Day & Times of Sessions.	Total number of attendances.	
		A.N.	P.N.
CHAPELTOWN. Hallamshire Maternity Home. Dr. M.R. Powell.	Tuesday a.m. & p.m. Thursday a.m.	1556.	71
ECCLESFIELD. Gatty Memorial Hall. Dr. M. Rushbrook and Miss B.S. Ward.	Thursday p.m.	1024.	16.
HIGH GREEN. Methodist Sunday School. Dr. W. Ferguson and Miss E. Gerrard.	Wednesday p.m.	190.	3.
HOYLAND. Miners Welfare Institute. Dr. J. Allott and Miss M.F. Senior.	Monday p.m.	766.	33.
HOYLAND COMMON. Christ Church, Hoyland Rd., Dr. M. Allott and Miss D. Rimmer.	Wednesday P.M.	437.	42.
PENISTONE. Shrewsbury Road Methodist Chapel. Dr. M.V. Wilby and Miss W. Morris.	1st Friday a.m.	100.	7.
STOCKSBRIDGE. British Hall. Dr. D. Patterson and Miss W. Morris.	1st and 3rd Friday p.m.	245.	15.

CONSULTANT SERVICES.

In conjunction with the scheme for Ante-Natal Supervision is that of the Consultant Clinic. In this area we are able to call on the services of three Consultants in Sheffield, Mr. Chisholm, Mr. Patrick and Mr. Stacey. Cases referred to these three gentlemen are invariably seen at their consulting rooms. In addition Mr. Patrick has a weekly Clinic at the Montagu Hospital, Mexborough, at which patients from the Hoyland area can be seen, and for those patients living in areas accessible to Barnsley, Mr. Stacey has a weekly Clinic at 2, Pollitt Street, Barnsley.

During 1948 the number of cases referred to the Consultants was 62.

BIRTH CONTROL.

The West Riding County Council has provided a Clinic at Swinton to which Child Welfare Medical Officers can refer patients to receive advice and instruction in birth control methods in those cases where further pregnancy would be detrimental to health. During 1948 11 such cases were referred from the Division.

LYING-IN ACCOMMODATION.

The area is served in the main by the Hallamshire Maternity Home. Cases are, however, admitted to the St. Helen Hospital, Barnsley, and the Princess Royal Maternity Home, Huddersfield.

The present demand on the accommodation far exceeds that which can be provided and in consequence priority is given to the following types of cases:-

- (a) Primiparae.
- (b) Patients with unsatisfactory home conditions.
- (c) Patients with abnormalities of pregnancy.

On July 5th, 1948, this service was taken over by the Regional Hospital Boards, but the authority continued to deal with this service on an agency basis until the end of the year. Consequently there were no material alterations in the service.

CARE OF PREMATURE INFANTS.

Of recent years more care and attention has been paid to Premature Babies. In the final assessment of the reduction in the infantile mortality rate, it is probable that the drive for the provision of more care and attention for the Premature Baby has had a marked effect. In this Division they are zealously and carefully safeguarded so far as is humanly possible. It must be borne in mind that a Premature Baby is a special problem demanding the utmost skill for the safeguarding of its welfare. Because the Local Health Authority, through the Medical Officer of Health or the Health Visitor, or both, take an apparent "over-enthusiastic" interest in the child's welfare, it is not for any other reason than that they have the welfare of that child at heart; it is certainly not that they wish to interfere in the ordinary domestic life of the home into which the Premature Baby has arrived.

The West Riding County Council approved of a scheme whereby Health Visitors would be sent as resident students at the Sorrento Maternity Hospital in Birmingham, where a most comprehensive course in the care and welfare of Premature Babies could be received.

We have one Health Visitor in our Division, Miss Rimmer, of Hoyland, who received this special training, and is available to visit the home of the infant immediately upon receipt of a notice that a premature child has been born. The West Riding County Council have also provided each Division with an Outfit called a Sorrento Cot, which is composed of a special cot, with special equipment including blankets, baby clothing, Oxygen cylinder, etc., etc. This equipment is available to be rushed out to any home where the Nurse considers that it is required for a Premature Baby. The County Council have also on their staff a Paediatrician who is available, when required, at any time to go to the home of a Premature Baby and give the Midwife or General Practitioner, or the Health Visitor, expert advice on the treatment and care of the infant. A Home Help under the Home Help Scheme may also be available to go to the home to help the Mother, so that the Mother may be allowed to give her undivided attention to the care of the child. If Hospital facilities are required, then these are provided at the Jessop Hospital for Women, in Sheffield.

It is some time ago since the West Riding County Council, in their determination to do everything possible for the Premature Baby, decided to install in the Hallamshire Maternity Home a Premature Baby Unit. In preparation for the commencement of this Unit, the Matron, Miss Lancefield, was one of the first of the County staff to attend the Special Course at the Sorrento Hospital to have this training. Although employed in the Hallamshire Maternity Home, Miss Lancefield has always been willing to give advice and help in any such case. Preparations for this unit were still proceeding on the 5th July, when the Hospital was taken over by the Regional Hospital Board. The County Council have now approved of a scheme whereby Midwives can attend this Course at the Sorrento Hospital, Birmingham.

DENTAL TREATMENT.

Dental treatment is provided for expectant and nursing mothers attending Child Welfare Centres and Ante-Natal Clinics. Before July 5th this treatment had to be recommended by the Medical Officer. Since the coming into being of the National Health Service Act, 1946, every expectant and nursing mother is entitled to a dental examination. These schemes, however, have been very badly supported, although at the time of writing more mothers are taking advantage of the scheme to have an examination and, if found necessary, to have treatment carried out.

SUPPLY OF MILK AND OTHER FOODS.

The scheme for the sale and distribution of dried milk and other foods is carried out through the Child Welfare Clinics. It includes the provision of Dried Milk Powder, Virol, Glucose D, Pure Cod Liver Oil, Olive Oil, etc. Some idea of the amount of work and time involved in the scheme can be obtained from the following table giving the yearly sales of the more popular branded supplies.

CLINIC	VIROL	GLUCOSE D	PURE COD LIVER OIL	OLIVE OIL	SUNROSE	OSTER- MILK	COW AND GATE	TRUFOOD
HOYLAND	81	2115	28	78	1553	646	1943	200
HOYLAND COMMON	128	1774	-	75	551	591	2594	24
GRENOSIDE ..	112	498	11	41	192	268	350	9
CHAPELTOWN ..	79	382	9	52	687	417	1263	-
ECCLESFIELD ..	143	538	11	63	1363	1531	1169	142
HIGH GREEN ..	98	340	9	91	475	669	1028	-
TANKERSLEY ..	44	459	-	68	-	-	307	-
STOCKSBRIDGE ..	61	785	4	69	1849	300	1194	-
UGHTIBRIDGE ..	77	553	7	29	439	174	541	-
WORRALL	96	263	6	-	146	483	-	12
LOXLEY	63	417	-	5	173	567	-	9
STANNINGTON ..	110	494	-	11	343	943	278	74
CAWTHORNE ..	152	1105	2	14	416	108	458	228
PENISTONE ..	72	487	-	53	237	108	385	-
PACKINGS.	1-lb. cartons	$\frac{1}{4}$ -lb. pkts.	8-oz. bott- les.	8-oz. bott- les.	1-lb tins.	1-lb. tins.	1-lb. pkts.	1-lb. tins.

HEALTH VISITING.

The mainstay of most schemes to safeguard the health of mothers and young children is the Health Visitor, who has to visit and give advice in the homes of the mothers. Since the coming into being of the National Health Service Act, 1946, the scope of the work of the Health Visitor has been greatly extended. It now includes the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant and nursing mothers, and as to measures necessary to prevent the spread of infection. In short she is to be the people's philosopher and friend from the cradle to the grave.

This is a very drastic change from the old order, and one which cannot be evolved overnight. Yet with goodwill on all sides it can be achieved. The great extension of duties demands two things, liason with Hospitals, and close liason with General Medical Practitioners.

So far as this Division is concerned, our relationship with the Hospitals is very good. Information asked for by both sides is readily obtained and given and there is no reason why this effective liason should not continue.

Integration between the work of the Health Department, and the General Practitioner, is not quite so good. I think the General Practitioner can use the services of the Health Visitor more than is appreciated. In her new role the Health Visitor can materially assist in giving continued advice to patients. The family Doctor now has not the time to give this advice which helps his patients along the road to recovery.

All these ideals, however, will not be achieved until the number of nurses increases. We have seven qualified Health Visitors and four assistant Visitors. They have done and are still doing a very good job of work. Mistresses of their job and oblivious of time, they have undertaken a magnitude of tasks with cheerfulness and unselfishness which reflects the greatest credit on their abilities. We have room for fourteen Health Visitors. I hope we can get the vacancies soon filled, so that the burden on the present staff may be eased a little as they advance to the eventide of their working lives.

The following table shows the disposition of the Nurses throughout the Division.

HOYLAND NETHER U.D.

NURSE D. RIMMER	.. .. .	HOYLAND COMMON.
NURSE M.F. SENIOR	.. .. .	HOYLAND, PLATTS COMMON, ELSECAR.
NURSE E. CHETTLEBURGH	.. .. .	-do- -do-
(Asst. H.V.).		

STOCKSBRIDGE U.D.

NURSE W. MORRIS	.. .. .	STOCKSBRIDGE, BOLSTERSTONE.
NURSE D. SILL	.. .. .	DEEPCAR.
NURSE H. DRANSFIELD	.. .. .	STOCKSBRIDGE, and PENISTONE.
(Asst. H.V.).		

<u>PENISTONE U.D.</u>))	These areas have been covered by NURSE MORRIS with the exception of Cawthorne and Silkstone, which were covered by NURSE HAIGH, of Dodworth.
PENISTONE R.D.)		

WORTLEY R.D.

NURSE E. GERRARD)
) CHAPELTOWN, HIGH GREEN, WARREN,
 NURSE D.M. SIMPSON) BURNXCROSS, THORPE HESLEY.
 (Asst.H.V.).

NURSE B.S. WARD)
) ECCLESFIELD, PARSON CROSS,
 NURSE L.M. BEAUMONT) GRENOSIDE.
 (Asst. H.V.).

NURSE E.M. HOMEYER. STANNINGTON, LOXLEY, WORRALL,
 BRADFIELD.

HOME NURSING.

This service was undertaken by the County Council on the 5th July, 1948. There are 13 Home Nurses, of whom 6 also undertake Midwifery. At the end of the year they had made 10,035 visits. That is a bald statement of fact, but it is no indication of the value and worth of the Home Nursing Service. The District Nurse as she was formerly known tended to be at the beck and call of every contributor to the former Nursing Associations. As a result, curative medicine, as practiced by a District Nurse, tended to become merely the care of the chronic sick.

Now the status of the Home Nurses is being raised. Many persons now sick in their own homes seek the services of the Nurse. The Doctor overwhelmed with work is now turning to the Nurse for long awaited assistance. The effects of this Doctor-Nurse partnership can indeed be very far reaching.

VACCINATION AND IMMUNISATION.

During the year, the number of children immunised was 733, and 570 children received booster doses. Details are given below:-

COUNTY DISTRICT.	NUMBER OF CHILDREN IMMUNISED IN 1948:			NUMBER GIVEN SECONDARY DOSES.
	UNDER 5 YEARS	5 - 14 YEARS	TOTAL.	
HOYLAND NETHER URBAN.	126	12	138	6
PENISTONE URBAN.	87	2	89	5
STOCKSBRIDGE URBAN.	85	19	104	8
PENISTONE RURAL.	50	7	57	7
WORTLEY RURAL.	244	101	345	544
TOTALS:	592	141	733	570

83 persons were vaccinated during the year, and 13 re-vaccinated. Details are given below:-

COUNTY DISTRICT.	NUMBER VACCINATED.	NUMBER RE-VACCINATED.	TOTAL.
HOYLAND NETHER URBAN.	25	6	31
PENISTONE URBAN.	13	5	18
STOCKSBRIDGE URBAN.	3	-	3
PENISTONE RURAL.	10	-	10
WORTLEY RURAL.	32	2	34
TOTALS:	83	13	96

PREVENTION OF ILLNESS, CARE AND AFTER CARE.TUBERCULOSIS.

All notified cases of Tuberculosis are investigated with a view to ensuring that the patient avails himself of facilities for treatment and the examination and supervision of the health of contacts. In this area we have two Tuberculosis Nurses who undertake this work along with duties at the various Dispensaries. Particular emphasis is placed on the care of the children of the tuberculosis patient, and in this connection housing authorities are asked to co-operate. It is gratifying to know that in this Division all the District Councils are willing to play their part in helping to overcome this difficult problem. Where necessary shelters are provided and supplies of beds and bedding are available to enable patients to sleep alone. Supplies of clothing and extra nourishment are also provided where considered necessary.

OTHER TYPES OF ILLNESS.

All patients discharged from Hospital needing care and attention become the responsibility of the Health Authority. Consequently the Authority is prepared to afford any such care which may be thought necessary. In 1948, however, the demand for such care was negligible.

There was quite a brisk demand, however, for equipment held by the Home Nurses and in the Divisional Office. Such items as Bed Rests, Bed Pans, Rubber Sheets, etc. can be obtained from the Nurse, and larger items of equipment such as Wheel Chairs can be obtained through the Divisional Office.

MENTAL HEALTH SERVICE.

The Mental Health Service has functioned successfully during the past year and all notified mental defectives are now supervised by a Mental Health Social Worker.

There have been 5 notifications under Section 57 of the Education Act, 1944; 3 admissions to Mental Deficiency Institutions; 2 de-certifications and 2 removals to other Authorities. The number of mental defectives under supervision as on 31.12.1948 is:-

Statutory Supervision.

Over 16 years of age	...	...	...	61
Under 16 years of age	...	...	...	27.

Under Guardianship and in receipt of financial aid.

11.

Under Observation.

9.

On Licence from Institutions.

3.

31 Mental Defectives are in regular gainful employment and 36 are engaged in the home. 28 defectives, including children excluded from school, would benefit by Occupation Centre training and enquiries are being made in the Division to obtain suitable premises for the establishment of such a Centre, which would serve all mentally defective children excluded from School, and older defectives who would benefit from training in handicrafts, routine methods, etc.

6 patients are awaiting admission to Institutions as their parents no longer are able to give care and attention necessary for their well being. Their names have been included on the list submitted to the Regional Hospital Board and vacancies are now awaited.

DOMESTIC HELP.

The County Council began a scheme for the provision of Home Helps in 1938. This related only to maternity cases, but was later extended to sickness cases. Now the Home Help has been recognised as one of the team of the Preventive Medical Services. In this Division there were 22 Home Helps available and they attended 61 cases. I should like to pay my tribute to these ladies. Their task is not easy; much diplomacy and tact are needed. It is good to be able to report that they did their job efficiently.

MIDWIFERY SERVICE.

The Domiciliary Midwifery Service in Division 22 is almost entirely undertaken by whole time Midwives employed by the Local Health Authority. In some instances - e.g. Silkstone, Penistone, Loxley, Oughtibridge - the Midwifery work is undertaken by Nurses performing the combined duties of District Nurse and Midwife.

It is to be hoped that when the supply of Nurses becomes sufficient, that the duties will be separated, and that there will be Midwives and Home Nurses each doing her separate work and not a mixture of both.

The arrangements in Division 22 for the Domiciliary Midwifery Service are very satisfactory. It has required some re-organisation in certain areas but a service is now available throughout the whole Division. The District of Parson Cross required much thought, but thanks to the Sheffield Corporation, who allowed the County Council to become tenants of one of the new houses on the estate, a Midwife was established there to deal with the increasing number of population. As the numbers of new buildings increase it will be necessary to provide another Midwife and an appeal will be made to the Sheffield Corporation for another house for a Midwife.

There are important factors to keep in mind when setting up a satisfactory Midwifery service. One is that the Midwives should be mobile. The days when the Midwife trailed round the countryside on foot, carrying her bag and any other equipment she might require, are rapidly ending. One can only pay tribute to their astonishing endurance. But it is not right to arrive at a case to perform a very skilful job tired after a long walk, and maybe drenched to the skin, the result of having to walk in a snow storm or a rain storm. The Midwife must be recognised for her skill as a specialist in a particular section of the service and not from sentiment engendered by contemplation of her amazing physical endurance albeit possessing a kindly manner. The Nurse must be provided with a car - she has heavy equipment to carry - Analgesic outfits and may be Maternity outfits. She must arrive at her case fresh and alert for her work and she must command the respect her calling demands.

The Midwife today has a much wider field to cover than was the rule in the past. She therefore has much further to travel and mobility is essential.

In Division 22, two only are without Cars. The County Council's policy is to encourage the use of Cars and they pay an agreed allowance in respect of these Cars. Also the County Council have a scheme for providing financial assistance to Midwives to purchase Cars.

Immobile Midwives can call on Ambulance Services and Taxis if necessary.

ANALGESIA IN CHILDBIRTH.

The West Riding County Council policy has always been to encourage the County Midwives to become trained in the administration of Gas and Air Anaesthesia. Arrangements have been made with certain centres to take so many of the staff and give them this training. The centres offering these facilities are - Leeds, Tadcaster, Grimsby, Halifax.

At the moment of writing this report the provision of Gas and Air Analgesia in Childbirth has been given wide publicity.

So far as Division 22 is concerned there are 15 Nurses and Midwives practicing Midwifery. Of these, 6 are qualified to administer Gas and Air Analgesia, and the remaining 9 are all booked up to go for training when vacancies in the training centres occur. There are two Gas and Air Machines available in the Division. This was the position as at December, 1948, but at the end of June, 1949, the number of trained Nurses has increased by 50%. There are now four machines, with more due for delivery.

During 1948, five women had this Analgesia administered.

SCHOOL HEALTH SERVICE.

The children today are taller, stronger, cleaner in their habits and person than were their counterparts 50 years ago. I think it is certain that much of this change has been brought about by the steady progress in efficient School Medical Inspection. At its inception the School Health Service demanded three inspections during a child's School life, and the Education Act, 1944, still suggests three inspections:-

- (1) As soon as possible after commencing School life.
- (2) During the last year in the Primary School.
- (3) During the last year of School life.

The history of the School Health Service from its commencement in 1907 to the present day, is one of progress in the study of children's diseases and in social medicine. Today, nearly every large Centre has its Specialist in Child Health, and every University its chair of Child Health. The Paediatrician, therefore, is an essential part of any service which deals with the health and welfare of children. To make the School Health Service a complete success there must, therefore, be a close link up between the Local Health Authority's preventive services and those curative services provided by the Regional Hospital Board, through their Specialist Paediatrician.

In the West Riding, Paediatricians have been appointed by the Local Health Authority, and the one giving coverage for the part of the County in which is included Division 22, is available for consultations and advice in any case where I find it is necessary. Dr. Harvey, the Paediatrician concerned, has a close link up with the Children's Hospital in Sheffield, the Montagu Hospital, Mexborough, and the County Hospital in Wakefield.

To get back to the routine medical inspection of School children, it is obvious that to be of any use at all, it must be a meeting of the parent, the Teacher, the Doctor, the Health Visitor and, of course, the child. Each can throw some light on the child's life up to that time, and it is by pooling all that information that a complete assessment of the child's health can be gained.

I wish to emphasise that in the interests of the children, and the child's welfare, it is necessary for the parent or guardian to attend when the child is medically inspected.

The Schools in Division 22 have all been inspected during the year, and the statistical review is given in tabular form below. I am sorry I cannot give separate figures for each School, as it is usual for all the figures to be lumped together and passed through for a complete County report. I hope that in the near future statistics for smaller groups of Schools will be available for the interest of the County District Councils within the Division.

Estimated number of School Children at December, 1948 12,320.

Number of Medical Inspections carried out within Division 22 during 1948:-

Entrants	...	...	...	...	...	1,195.
Second Age Group - last year in primary School	...					922.
Third Age Group - last year of School life.	...					<u>577.</u>
						2,694.

Special Inspections.

Special Inspections	175
Re-Inspections	<u>14</u>
	<u>189</u>

Number Requiring Treatment.

Entrants	372
Second Age Group.. ...	229
Third Age Group... ..	<u>121</u>
	<u>722</u>

General Condition of Pupils.

	<u>A.</u> <u>Good.</u>	<u>B.</u> <u>Fair.</u>	<u>C.</u> <u>Poor.</u>
Entrants	438	741	16
Second Age Group	445	472	5
Third Age Group	212	347	18

Infestation with Vermin.

Total number of examinations in the Schools by School Nurses/Health Visitors 24,886

Total number of individual pupils found to be infested. 1,832

No Cleansing Notices (Sect.54 (2) Education Act, 1944) or Cleansing Orders (Sect.54 (3) Education Act, 1944) were issued during the year.

The conditions found amongst the children which required treatment are varied. Diseases of the Ear, Nose and Throat was the largest group of conditions requiring attention, defective vision the next largest, and skin conditions occupying another large group. The infestations with Vermin were chiefly cases found by the School Nurse to be suffering from verminous condition of the head, requiring treatment, and in most cases the condition was cleared up within the course of a few days.

In connection with treatment of School children, one of the greatest obstacles at the present moment is the provision of facilities for the removal of Tonsils and Adenoids. During 1947, you will remember, when Poliomyelitis was prevalent, the operation for the removal of Tonsils and Adenoids was interdicted generally throughout the Country. We have never been able to catch up on those cases since that time, and there is a considerable time lag between discovering the cases and having the operation done. During the year I organised an Ear, Nose and Throat Operative Clinic at the Smallpox Hospital at Hallwood, kindly rented to us by the Wortley Rural District Council. Two such sessions were held at Hallwood. On each occasion 12 children had the operation, being in-patients for 48 to 60 hours. The operation was carried out by Mr. J. Cobb, Ear, Nose, and Throat Surgeon from Sheffield, who was assisted by the Consultant Anaesthetist, Dr. Rippon. The medical staff of this Division supervised the Clinical work and the staffing was ably carried out by Health Visitors. The domestic work was done by Home Helps. After the 5th July the scheme was held in abeyance until we received the opinion of the Regional Hospital Board as to the future use of the Hospital. It is hoped that in the near future this Clinic might be re-organised.

PROVISION OF MEALS IN SCHOOLS.

Division 22 of the Scheme of Preventive Medical Services for the County covers two Educational Divisions, namely Divisions 19 and 37. The No. 19 is known as Wharncliffe Division, and No. 37, Penistone. The School Meal Service in those two Divisions is now complete and arrangements have been made for all children who are desirous of having meals in School to be so provided.

In some Districts, e.g. Penistone, meals are prepared in a Central Canteen and delivered in specially designed heat retaining Cabinets to the various Schools. In other parts of the district, e.g. High Green, the meals are prepared at one of the Central Schools and conveyed in the same type of Cabinet to other smaller Schools in the vicinity.

The standard of meals supplied throughout, from my own personal experience, is very good, and on the several occasions that I have seen School meals being served, there always appeared to be sufficient of a well balanced meal.

It has been difficult for all the children staying for meals to have facilities for washing before they sat down to their meal, but strenuous efforts have been made by the Head Teachers in the Schools to overcome the difficulty, and it is amazing how the normal hygiene principles have been carried out under the circumstances.

In the two Divisions, approximately 85% of School children remain for meals, and during 1948 a grand total of 1,844,200 meals were served in Schools.

